

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN029S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2010
NAME OF PROVIDER OR SUPPLIER ROSEWOOD REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 SILVERADA BLVD. RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 2/12/10 and finalized on 2/18/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024365 was partially substantiated with a deficiency cited. (See Tag Z061)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z 61 SS=D	<p>NAC 449.74429 Transfer or discharge of patient</p> <p>2. Before a facility for skilled nursing may transfer or discharge a patient from the facility, the facility shall:</p> <p>(a) Record the reasons for the transfer or discharge in the medical records of the patient, If a patient is transferred or discharged under the circumstances described in:</p> <p>(1) Paragraph (a) or (b) of subsection 1, the reasons for the transfer or discharge must be</p>	Z 61		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z 61	<p>Continued From page 1</p> <p>recorded by the patient's physician.</p> <p>(2) Paragraph (c) of subsection 1, the reasons for the transfer or discharge must be recorded by any physician.</p> <p>(b) Give notice of the transfer or discharge to the patient and, if known, to the legal representative of the patient or a member of the patient's family. The notice must:</p> <p>(1) Be in writing;</p> <p>(2) Be in a language that is understood by the patient and his legal representative or a member of his family;</p> <p>(3) Except as otherwise provided in subsection 3, be given at least 30 days before the effective date of the transfer or discharge:</p> <p>(4) Include the reasons for the transfer or discharge;</p> <p>(5) Include the effective date of the transfer or discharge;</p> <p>(6) Specify the location to which the patient will be transferred or discharged;</p> <p>(7) Include a statement that the patient has a right to appeal the transfer or discharge;</p> <p>(8) Include the name, address and telephone number of the advocates for residents of facilities for long-term care appointed pursuant to chapter 427A of NRS; and</p> <p>(9) If the patient is developmentally disabled or mentally ill, include the name, address and telephone number of persons who advocate for and are responsible for the protection of such persons.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review, and policy review the facility failed to follow their policy for notification of the resident's power of attorney of an emergent transfer to an acute care facility, preventing the acute care facility from obtaining a comprehensive medical history for 1 of 3</p>	Z 61			

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Z 61	Continued From page 2 residents (Resident #1). Severity: 2 Scope: 1	Z 61			

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